

TRANSPORTATION REQUEST

DATE REQUESTED: _____

BEGINNING DATE: _____ **ENDING DATE:** _____

SOCIAL WORKER NAME: _____

STUDENT'S NAME: _____

SCHOOL: _____

GRADE: _____

PARENT/GUARDIAN: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

IF SPECIAL EDUCATION STUDENT, HAS CASE MGR. BEEN NOTIFIED? YES ____ **NO** ____

DOES STUDENT ATTEND THEIR HOME SCHOOL? _____

DOES STUDENT LIVE MORE THAN 2 MILES FROM THEIR HOME SCHOOL? _____

History of Student's Attendance: _____

FAMILY INFORMATION:

SIBLINGS	AGE	SCHOOL	GRADE

NUMBER OF PEOPLE LIVING IN THE HOME: _____

ACCESS TO TRANSPORTATION: (e.g. Automobile, Bicycle, Neighbors) _____

DOES THE FAMILY RECEIVE FREE/REDUCED LUNCHES? _____

IS THE FAMILY HOMELESS? _____
(LIVING IN A SHELTER, MOTEL OR WITH ANOTHER FAMILY?)

DO SPECIAL CIRCUMSTANCES EXIST?

(Are parents on disability, unemployed, etc: safety issues, busy streets or intersections: Appropriate clothing for climate)

Please explain:

APPROVED BY: _____ **DATE:** _____ **LENGTH:** _____